

Plant Disease and General Diagnostic Form

Mail completed form and sample to:
Schutter Diagnostic Lab
Montana State University
119 Plant Bioscience Bldg.
P.O. Box 173150
Bozeman, MT 59717-3150

Date: _____ (MM/DD/YYYY)
Name: _____ Email: _____
Address: _____ City/County: _____
Zip/Area code: _____ Phone: _____

Send samples as soon as possible after collecting. Package in a sturdy container. Do not expose to extreme temperatures. Please fill all applicable fields on this form, including page 2.

Plant common or scientific name: _____
Variety: _____
Describe the problem: _____

Planting date, age, or size: _____
Approximate date the problem appeared: _____

Did the problem occur all at once? Yes No Is the problem getting worse? Yes No

Check all affected plant parts:

<input type="checkbox"/> Branches/Twigs	<input type="checkbox"/> Growing Tips	<input type="checkbox"/> Stem/Stalk
<input type="checkbox"/> Flowers	<input type="checkbox"/> Leaves/Needles	<input type="checkbox"/> Trunk
<input type="checkbox"/> Fruit/Seed	<input type="checkbox"/> Roots	Other: _____

Check all visual symptoms or signs of the problem:

<input type="checkbox"/> Browning/Scorched	<input type="checkbox"/> Root rot	<input type="checkbox"/> Dead areas
<input type="checkbox"/> Canker	<input type="checkbox"/> Rot	<input type="checkbox"/> Defoliation
<input type="checkbox"/> Damping off/Seedling blight	<input type="checkbox"/> Shoot/Tip blight	<input type="checkbox"/> Mold/webbing
<input type="checkbox"/> Dieback	<input type="checkbox"/> Soil discoloring	<input type="checkbox"/> Scarring
<input type="checkbox"/> Distortion/Cupping/Curling	<input type="checkbox"/> Stem rot	<input type="checkbox"/> Soil discoloring
<input type="checkbox"/> Galls	<input type="checkbox"/> Wilted	<input type="checkbox"/> Stunted
<input type="checkbox"/> Leaf spot	<input type="checkbox"/> Witches Broom	Other: _____
<input type="checkbox"/> Poor growth	<input type="checkbox"/> Yellowing	

Check all problem distribution areas:

- | | | |
|--|---|--------------|
| <input type="checkbox"/> Bottom of plant | <input type="checkbox"/> Previous season's growth | Other: _____ |
| <input type="checkbox"/> Current season's growth | <input type="checkbox"/> Scattered | |
| <input type="checkbox"/> One side of plant | <input type="checkbox"/> Top of plant | |

Describe the pattern of disease problem and the location or environment: _____

Irrigation practices: Drip None Overhead/hand Sprinklers Center Pivot Flood

Frequency: _____ Other: _____

If any insecticide, pesticide, fungicides applied, give type/rate/dates: _____

If any lawn treatments applied, give type/rate/dates: _____

If any soil amendments applied, give type/rate/dates: _____

Additional information: _____

A diagnostician will be in touch shortly after your submission is analyzed. Further information and additional forms are available on the Schutter Diagnostic Lab website: diagnostics.montana.edu

This section is for Extension Office use

Agent: _____ County: _____

Administrative staff/Personnel: _____

Email addresses that reports should be sent to: _____

Can a diagnostician contact the client with questions?

- Yes
 No